



SERIAL NO. JAB-1415 DOCKET NO. JAB-1415 BY MHM/dw
 APPLICATION OF CONTRERAS et al. MAILED: 2/14/01
 ENTITLED Drug Targets in Candida Albicans

THE FOLLOWING HAS BEEN RECEIVED IN THE U.S. PATENT OFFICE ON THE DATE
 STAMPED HEREON: Signed Transmittal Letter (Form PTO-1390)

AFFIDAVIT DECLARATION
 AMENDMENT- Preliminary - 7 pp. EXTENSION OF TIME
 ASSIGNMENT FOR RECORDING - with cover sheet NOTICE OF APPEAL
 BRIEF OATH OR DECLARATION
 CHARGE TO DEPOSIT ACCOUNT 10-0750/JAB- POWER OF ATTORNEY - Assoc.
 DRAWINGS 75 pp., 82 figs/1415/MHM PRELIMINARY STATEMENT
 ISSUE FEE TRANSMITTAL PRIORITY DOCUMENT
 LETTER Copy of the Intern'l STATUS INQUIRY
 PCT FILING Prelim. Exam. Report SPECIFICATION 50 PGS
 IDS - FORM-1449 Copy of the Intern'l CLAIMS 6 pp. - 40 claims
 FORM 113784 REV. 7/96 Search Report Seq. Listing - 235 pp.
 EXPRESS MAIL# EL710607580US Seq. Disk
 Abstract - 1 pg.

RECEIVED APR 11 2001 COPY



EL710607580US

EL710607580US

Mailing Label
Label 11-F July 1997

POST OFFICE TO ADDRESSEE



UNITED STATES POSTAL SERVICE™

ORIGIN (POSTAL USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$	
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$	

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT) PHONE: 732/524-6814
 JOHNSTON & JOHNSON CORP
 1 JOHNSON AND JOHNSON PLZ
 ROOM 3G37
 NEW BRUNSWICK NJ 08933-0002
MYRA McCormack WH 5134

WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested.
 I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.
NO DELIVERY: Weekend Holiday Customer Signature

TO: (PLEASE PRINT) PHONE: Asst. Commissioner for Patents
 Washington, D.C. 20231
 BOX Patent Application -

PRESS HARD.

You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.gov



221/
F02
T



SEP 19 2005

Serial No. 09/763,011 Docket No. JAB-1415 By LAD
Application of: Contreras et al Mailed: September 16, 2005
Entitled: DNA Targets in Candida Albicans

THE FOLLOWING HAS BEEN RECEIVED IN THE U.S. PATENT OFFICE ON THE DATE STAMPED HEREON:

Oath or Declaration (copy)
 Assignment
 Response
 Fee Transmittal
 Charge to Deposit Account 10-0750
 Amendment
 Extension of Time
 Issue Fee Transmittal
 PCT Filing _____
 IDS-Form 1449

Drawings ____ sheets
 MPEP 609/_____
 Notice of Appeal
 Brief
 Priority Document
 Status Inquiry
 Sequence Listings/Diskette
 Biological Deposit Declaration
 Other Copy of postcard
dated 3/4/01

BEST AVAILABLE COPY